Lessons From the Practice

A Special Birth, a Special Baby

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When Gail and Doug came for prenatal care, I was happy to see them again. I had delivered their third child two years earlier, and they chose to come from a neighboring town in order for me to deliver their new baby.

Gail's prenatal course was painful, though obstetrically satisfactory. Her weakened lumbosacral spine gave out during the second trimester. The severe pain reduced her to moving about the house on her hands and knees to care for her three children. She rejected my chairs and examination table and would be lying on the floor when I entered the room. With enforced but reluctant bedrest, physical therapy, and transcutaneous nerve stimulation, her back pain lessened during the last month of pregnancy.

With their strong Christian faith and abhorrence for abortion under any circumstances, Gail and Doug rejected α fetoprotein screening. At age 34, Gail was not a candidate for routine amniocentesis, but she would have refused this also. Fetal growth was steady but lagged behind the norm and her previous pregnancies. Our concern about the size of the fetus was defused by Gail's faith that the baby was fine.

Labor started 20 days before Gail's due date, with an estimated fetal weight of 6½ pounds. Gail was in good control—conversant and good humored between contractions. Doug was a great partner, coach, and back massager. Gail labored mostly on her side, and the pain from her back and the labor was not severe. Fetal heart tones were good, and the labor progressed normally.

We will all remember the birth forever. Adopting the attitude and approaches of Michel Odent (*Birth Reborn,* New York, Pantheon Press, 1984), I kept my hands off Gail and the baby as much as possible. Standing back from the foot of the bed, I saw her eyes gleam intensely as she exclaimed, "The baby is coming!" She reached down to cradle the head as it eased from her vagina. With encouragement, she then delivered her own baby by pushing out the shoulders, grasping the trunk under the arms, and bringing her little girl to her chest.

I immediately saw the problem—a blue-gray opening covered by a thin membrane at the base of the baby's spine. The baby had a myelomeningocele. I explained the situation to Gail and Doug and took the baby to the nursery for protection of the defect and resuscitation. The baby required oxygen and positive pressure application for a few minutes to obtain a good heart rate, respiration, and color. I called for a transport team from the university medical center.

The full extent of baby Naomi's problems became evident after a week at the medical center. She had trisomy 9 mosaicism, myelomeningocele repaired, tetralogy of Fallot, coloboma with associated eye abnormalities, bilateral hip dislocation, and poor feeding. Naomi would likely be severely retarded, and her prognosis for life beyond a few months was poor. Despite all of this, Gail, Doug, and I could not help but feel how cute and precious she was.

A week after Naomi's birth, while the extent of her problems was being unraveled, Gail tearfully expressed appreciation to me for the beautiful birth. Being able to deliver her own baby to her chest was a joy that all that followed could not lessen.

Gail and Doug brought Naomi to the office for biweekly visits, and she stayed remarkably the same. Her weight remained at 6½ pounds. Her suck improved, and she even nursed a little. Her sounds were sweet and unique. She looked and felt like a live little doll. She was good. Being with her gave us no sense of tragedy.

Naomi died at home after seven weeks of life. About 24 hours before her death she started having apneic spells that became more frequent and prolonged. Physicians in the medical center emergency room found no signs of infection or heart failure; the apnea was most likely due to neurologic deterioration. Naomi returned home to spend her last hours with her parents and with her three brothers and sisters. I sat in the home with Gail and Doug, and we talked about how special Naomi was.

As a family physician delivering babies for the past ten years, I had dreaded the first time I would deliver a baby with major birth defects. Birth is the gift of life and everyone wants a healthy baby. I work hard to make birth a positive experience, and I imagined being set up for a major disappointment with a "bad outcome." Gail, Doug, and Naomi taught me that having a child with birth defects can also be a positive experience.

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"Lessons From the Practice" presents a personal experience of practicing physicians, residents, and medical students that made a lasting impression on the author. These pieces will speak to the art of medicine and to the primary goals of medical practice—to heal and to care for others. Physicians interested in contributing to the series are encouraged to submit their "lessons" to the series' editors.

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